

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10796870**

FILING DATE **3-9-06**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		1			
2		1				
3	1					
4		3				
5		3				
6		3				
7		3				
8	1					
9		1				
10	1					
11		3				
12		3				
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50						
TOTAL IND.	4					
TOTAL DEP.	29					
TOTAL CLAIMS	33					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51						
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TOTAL CLAIMS						